

BE SURE TO READ THE REQUIRED QUALIFICATIONS ON THE EXAMINATION ANNOUNCEMENT(S)

YOUR EDUCATION:

Read the exam announcement for educational requirements, if any. If specialized coursework is required, attach a copy of the transcript or a list of the required courses and the number of credit hours you completed.

Do you have a High School or
Equivalency Diploma?

if YES, Name and location High School or issuing Governmental Authority

yesno

COLLEGE, UNIVERSITY, PROFESSIONAL OR TECHNICAL SCHOOL(S)	Semester	Quarter	Type of	Major Subject	Did You	Degree	Dates
	Credits	Hours	Degree	or type of	Graduate	Received or	Attended
	Received	Received	Received	Course	Expected		
	<>	<>	<>	<>	<>	FR.MO. To.Mo.	YR YR

Name

Address (City, State)

Name

Address (City, State)

LICENSE OR CERTIFICATION:

Complete the following if a license, certificate or other authorization to practice a trade or profession is required on the announcement(s)

Trade or Profession	License Number	Registration		if you are not
		mo. yr.	mo. yr	currently licensed
		from /	To /	check this box. <>
Specialty		Granted by (licensing agency)		City, State

DESCRIBE YOUR EXPERIENCE: Beginning with your most recent, list all employment, military service or volunteer experience that shows you meet the minimum qualifications for examination(s). We cannot interpret omissions or vagueness in your favor. You are responsible for an accurate and clear description of your experience. Do not send your resume. Under DUTIES describe the nature of the work which you personally performed including the estimated percentage of time spent on each type of activity. if you supervised, state how many people and the nature of such supervision.

LENGTH OF EMPLOYMENT	FIRM NAME	ADDRESS	CITY AND STATE
----------------------	-----------	---------	----------------

MO. YR. TO MO. YR.	
EARNINGS (Circle One)	DUTIES:
/wk./mo./yr.	

TYPE OF BUSINESS

YOUR EXACT TITLE

NAME OF YOUR SUPERVISOR

SUPERVISOR'S TITLE

No. of hours worked per week (exclusive of overtime)

LENGTH OF EMPLOYMENT	FIRM NAME	ADDRESS	CITY AND STATE
----------------------	-----------	---------	----------------

Mo. Yr. to Mo. Yr.	
EARNINGS (Circle One)	DUTIES:
/wk./mo./yr./	

TYPE OF BUSINESS

YOUR EXACT TITLE

NAME OF YOUR SUPERVISOR

SUPERVISOR'S TITLE

No. of hours worked per week (Exclusive of overtime.)